

Study report



September 2013 n° 4

Gardens: Outdoor living spaces for the wellbeing of people with Alzheimer's and their entourage

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SUMMARY

For many years, the Fondation Médéric Alzheimer has studied the living environment provided to people with cognitive disorders in care facilities, and given support to care teams who undertook the design and creation of adjacent gardens, parks and other collective outdoor spaces.

There is growing interest in outdoor spaces and their development. To provide further insight and describe the wealth and diversity of practices observed in the field, the Fondation Médéric Alzheimer used site surveys (including observation, and interviews with caregivers, residents and families); convened a practice seminar organized specifically on this theme; and analyzed reports and other documents from field teams. This study analyzes the operational features of twenty-one gardens in care homes and day care centers, in France and abroad, identified or supported by the Fondation Médéric Alzheimer, including award-winning initiatives.

This report is not an exhortation for the creation of gardens or an attempt to define the ideal garden according to set specifications. Rather, it offers insight from the experience of project leaders who have found ways to make outdoor spaces next to their facilities more attractive and dynamic. Our work has shown that in an institution for people with cognitive disorders, a garden offers multiple resources. It is indeed a special place, a meeting point between inside and outside where pleasurable activities and interaction are made possible; it helps improve the living environment and quality of life of the residents.

This report also discusses the enabling conditions for users to take ownership of a garden, and the different outcomes that are assigned to it.

Outcomes and benefits that gardens can provide are presented using a typology that emphasizes the most frequently observed features or those showing a specific approach to garden life. This typology does not intend to be complete or exclusive, as a particular setting can combine several of these features and reveal unexpected ways a garden can be used, besides those initially planned.

The “encounter garden” and the “passageway garden” provide family-bonding support, as well as a window on the local environment. The “garden in action” and the “garden of senses and memory” become a pretext for many pleasant, sense-awakening activities. The “creativity garden” opens the way to imagination and promotes know-how. The “garden of transmission and giving” highlights reciprocity and skill-sharing. A garden can also open a door to the unexpected, with spontaneous uses as in the “freedom garden”. The “remembrance garden” makes it possible to maintain a symbolic memory of people who have died. On the negative side, the “showcase garden”, meaning-deprived and seldom used, may be nothing more than an “alibi garden”.

Finally, this study shows that a garden project, stemming from an institution’s strategic planning, may produce genuinely valuable results, provided that certain human and material factors are brought together during its design, landscaping, implementation and daily operation.

Throughout our study, we noticed a constant effort by care practitioners to gather the opinion and even proposals of residents as future users of the garden. In some cases, users were even involved in its design and landscaping. In that sense, the garden becomes a living space that everyone - resident, caregiver, family member, young child, visitor, neighbor - can take ownership of in their own way.

Keywords

Access, Alzheimer's disease, animals, capacity, care home, children, creativity, day care center, decoration, design, encounter, family bonds, families, freedom, garden, gardening, high school students, hospital, inhabitants, intergenerational, landmarks, landscaping, living environment, local life, memory, nature, neighbors, opening, passageway, pleasure, relationships, residents, school, sensory stimulation, space, team, terrace, transmission and promotion of know-how, use, visitors, well-being.



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INTRODUCTION

Study Background and Issues

The Fondation Médéric Alzheimer began addressing the question of outdoor spaces in 2004, in a study on “Architecture and Alzheimer's disease”¹. Since then, we have noted the growing interest in gardens and their development within dementia residences and day care centers. We have been led to investigate this issue more systematically by the originality and richness of the activities undertaken and the diversity of practices observed over the years; these will be the central theme of this present study.

Most residential institutions and day care centers have a garden². Some of them have “revisited” the design of this outdoor space, renovating and planting to make it more attractive. Similarly, the creation of an institution or day care center is the occasion for some caregiving teams to reflect on the design of the future garden. This is this kind of approach that will be discussed in this report. Initiatives in our sample are primarily motivated by the desire to facilitate the use of this space by residents and the people who come there the most often: their visitors, professional care practitioners and neighbors. We chose to use the generic term ‘garden’, which according to the site, may designate a park and/or garden, sometimes composed of different plots: vegetable garden, flower garden, etc. Our sample includes two examples of terraces, yet we see that some of the elements developed in this report can apply to them.

Improving the quality of life and comfort of residents with Alzheimer's; the support of family relationships and social life; the diversity of activities intended to be pleasurable; and contact with nature; these are the major themes we have chosen in order to present the results of our study. We also comment on how professionals from different domains are involved or cooperate so that the garden can be a living space, a place for socializing and various enjoyable activities.

We know that in recent years “therapeutic gardens”³ have become the focus of a developing movement and ongoing reflection in France. As shown by various studies, therapeutic gardens provide spatial structuring, sensory enrichment, cognitive stimulation and a consideration of the behavioral and emotional⁴ aspects of the disease. They are particularly intended to reduce stress and anxiety and restore autonomy. In most of the initiatives that we have studied, these aspects can be identified as effects/benefits of the garden, rather than as the primary objectives of a project. It is more the improvement of quality of life that is sought, with and despite the disease. It is therefore a set of qualitative data that will be presented and discussed in this report.

¹ Eynard C, Villez A, Villez M, « Entre habiter et prendre soin. Les réponses apportées par l'architecture », in *Vivre avec la maladie d'Alzheimer. Pistes de réflexion et d'action*, 2004, Fondation Médéric Alzheimer. Available on the website of the Fondation Médéric Alzheimer www.fondation-mederic-alzheimer.org

² « Etat des lieux 2011 des dispositifs », *Lettre de l'observatoire des dispositifs de prise en charge et d'accompagnement de la maladie d'Alzheimer* No. 24, June 2012, Fondation Médéric Alzheimer.

³ See <http://www.jardins-sante.org>.

⁴ Jonveaux T, Fescharek R, « Quand les symptômes guident la conception : rôle médiateur des jardins thérapeutiques et du jardinage auprès des patients atteints de maladie d'Alzheimer ou de syndromes apparentés », in *Symposium Les jardins à but thérapeutique*, Hôpital Ste-Anne, Paris, October 2010.

Rivasseau-Jonveaux T et al, *Les jardins thérapeutiques : recommandations et critères de conception*, *Gériatrie et Psychologie Neuropsychiatrie du Vieillissement*, 10 (3) : 245-53, 2012.

Methodology

This report was drawn from the observation of twenty-one gardens that received the support of the Fondation Médéric Alzheimer between 2002 and 2011 or were identified during our visits abroad.

The analysis of how these initiatives worked is based on evaluation reports provided by the teams at the end of their project's implementation. This analysis was supplemented by on-site observation of the gardens and how they are used by residents, visitors and staff, and enriched by interviews with these people. In 2011, a seminar organized by the Fondation Médéric Alzheimer, which brought together practitioners from different domains and backgrounds, helped to validate and expand our study framework.

All these factors have enabled us to better understand the origin of the projects and the different objectives ascribed to gardens. We were also able to measure the extent to which a broad range of initiatives can come into being, between the planned uses of the garden and its spontaneous use as a result of all concerned taking ownership of it. We found that a garden based on sound reflection leads to multiple outcomes, in the form of amenities or the activities and interaction that are made possible.

Initially, we examine the motivations that inspire a team to invest in the creation or renovation of a garden. This leads us to identify, through official documents (guidelines and recommendations), the place given today to this type of space within Alzheimer's care facilities.

We then endeavor to identify the resources that a new or renovated garden can offer, and comment on them from the perspective of the goals defined by the garden's instigators and the benefits observed for the recipients. To do this, we will rely on a specific typology.

In effect, our field observations have allowed us to develop a typology of nine categories based on a garden's dominant characteristics, according to what experiences it can provide. This division is neither exhaustive nor exclusive, as a project can in reality bring together a number of these characteristics.

In this way, we will describe the virtues a garden possesses for everyone who uses it or for residents of a care facility, particularly those with cognitive disorders. Beyond the functions assigned to external spaces, and the outcomes predefined by care teams, our discussion will be organized around the practices that are deployed in such a place; the qualities of a space cannot be understood independently of the actors' experience.

Finally, we will present the main lessons we have gained from our analyses and comparisons, regarding an appropriate methodological approach to the garden-making process. Indeed, for the dream garden to become a reality, its development must meet a number of criteria, which we will set out, based on the experience of project leaders with whom we exchanged ideas on the subject.

Presentation of the twenty-one facilities in the study sample

In France:

Aux Lucioles, day care center, Reyrieux (01):

In the garden of the day-care center, the presence of various materials, a refreshing stream of water that makes a soothing sound, and the fragrance of aromatic herbs awaken the senses. By participating in its development and maintenance, those who attend the day care center are again taking part in rewarding and motivating activities, individually and collectively. The organization of an arts festival in the garden with the city's artists, as well as partnerships with schools providing training for jobs related to gardening and green spaces, contributes to the center's openness and helps to change attitudes towards dementia.

Nursing home in Hérisson (03):

Due to extra costs in the building of the *Thélème* special care unit (SCU), it was not possible to develop the central courtyard at the heart of the home's new building. The plan had been to create an attractive garden, protective and welcoming, for the unit's residents. The home's head doctor then enlisted the help of volunteers, villagers and staff from the home, to tackle the project, and the garden installation was thus successfully completed.

Robert Schuman, day care center, Dijon (21):

This day care center is open 365 days a year. It offers activities in keeping with participants' habitual way of life. It also has a garden, a space of genuine openness and connection with the city. Fruit trees along the fence promote chance encounters by encouraging passers-by to stop and pick fruit.

Les 7 sources, day care center, Bagnols-sur-Cèze (30):

The hospital in Bagnols-sur-Cèze has several sections, including a nursing home, a long-term care unit, temporary accommodation facilities and a special care unit (SCU) for people with dementia. The latest facility, the *7 Sources* day care center, led a cooperative effort to create its garden, an approach involving day care participants and staff and enabling them to "dream" and plan the development of the new space together. Besides the garden's features and plantations, participants were able to discuss its symbolic value. This new space attached to the day care center is also available to the institution's residents.

Domaine de la Cadène, Toulouse (31):

This institution includes various gerontology units a nursing home for dependent people, a psycho geriatric unit, a follow-up care and rehabilitation department, a long-term care unit, beds for palliative care and a day care center). It is surrounded by six hectares of grounds, containing a garden that consists of collective spaces for everyone's use and "private" spaces assigned to residents and their families. In these reserved sections, raised planters and plots are labeled with the names of their "owners" who can plant whatever they please.

Les Relais Cajou, day care, Ballan-Miré (37):

Managed by the *Mutualité Française Indre Touraine*, this roving service offers day care in five urban and rural settings. Within this framework, gardens provide, depending on the site, opportunities for formal and informal discussions with residents. The design of outdoor spaces sparks meaningful partnerships, through which people of different ages meet to share social occasions and group activities.

Les Eglantines care home, Frossay (44):

The nursing home also houses a day care center, a temporary care unit and a more unusual overnight care unit. The complex contains a home for aging disabled people as well. Within the institution, the small “*Les quatre saisons*” group (precursor of the PASA (Center for adapted activities and care), specialized care program) is particularly involved with planting and maintaining the herb garden used for the kitchen. In a courtyard, a magnolia tree, more than one hundred years old, is used as the “palaver tree” or community meeting place.

Saint-Nazaire hospital geriatric center (44):

At the hospital’s geriatric center, people with cognitive disorders are housed in several small living units, most of them scattered around the institution’s extensive grounds. These grounds with their pond attract a number of birds and have paths with signposts, made by residents in arts and crafts workshops. The landscaping and amenities encourage everyone to use the space. Local inhabitants walk their dogs there and participate in an annual spring fair. In addition, each unit has its own garden where residents can take part in various projects.

L’Epinette, day care center, Somloire (49):

This public day care center is situated in a rural setting and adjoins a small living unit with the same name, which also has a few beds for temporary housing and overnight care. The day care center’s garden, accessible directly from the spacious activities room, is greatly appreciated by participants and their families. Notably, it has helped create long-term connections with the students of the “nature” department at the local vocational school. Joint projects, which have included building a chicken coop, promote interaction.

La Closeraie care home, Ballots (53):

This nursing home with forty-three places boasts a pleasant, sheltering garden that facilitates cohabitation among the residents, some of whom have cognitive disorders. Large windows in the living room offer a beautiful view of the garden and direct access to it. Its configuration also makes it a place that is open to village life. For some residents, its rabbit hutches are the key to reconnecting with forgotten skills.

Centre Paul-Spillmann, university hospital center in Nancy (54):

The *Centre Paul-Spillmann* brings together several geriatric departments (rehabilitation, long-term care, palliative care, mobile palliative care, memory center) in the same place. The “Art, memory and life” garden was created when the hospital buildings underwent renovation. Artists contributed to its design, offering hospital residents and visitors sculptures with sound, a fountain, flower beds and a children’s playground. The new garden is a genuine living space, which has enabled staff to develop and enrich their care methods using its multiple resources.

Le Petit Manoir, day care center, Munster (68)

Le Petit Manoir, day care center adjoining a nursing home, *Le Foyer du Parc*, takes in a dozen people from a rural background, most of them accustomed to living close to nature. Catering to this affinity, garden activities make it possible to take advantage of the extensive grounds surrounding the home. The activities also promote initiatives and exchanges among participants. As an example, “insect hotels” were introduced to preserve biodiversity.

Le Hameau des aînés, day care center, Bully (69):

This day care center adjoins the La-Salette-Bully nursing home. The garden, shared by the nursing home and the day care center, was created with the active participation of people with dementia. Like the other residents, they contributed their opinions on the choice of plantings and the purchase of seeds and cuttings. This extraordinary garden is peaceful and restful; it also serves as a place to meet visitors and a source of natural and enjoyable stimulation through the activities organized there.

Espace Jeanne Garnier, day care center, Paris (75):

In this day care center run by the *Dames du Calvaire* association, the staff created a flower garden with the help of a landscape artist, calling on day care participants as well as the children of a neighboring primary school for their ideas on its design. In a second phase, the collaborative effort was continued with the planting of a vegetable garden. Gardening, social occasions and creative workshops are all opportunities to give life to the space and to connect the day care center to its environment.

Grenelle nursing home, Paris (75):

This nursing home for elderly dependent people is located in the heart of Paris and run by the *Partage Accueil* association. It has magnificent, much-used gardens. Residents, families, care staff and participants in various conferences held at the institution, all have a stake in this “protected public space” that provides an opening to the city.

Elsewhere in Europe:

De Wingerd, Leuven, Belgium:

When the institution was rebuilt, the care team reflected on ways to ensure autonomy of movement to all residents, including not limiting their freedom to go outside by not locking the front door. What ensued was a major effort to inform and raise awareness within the surrounding community. To “tear down the wall between the care home and the local community”, *De Wingerd* opens its doors to outsiders, from the beauty salon to the *Grand Café* within the home, as well as the meeting room and the “public baths”, where spa treatments are available. A remembrance plot - in honor of deceased residents - has been set up in the garden.

Mullan Mews, Belfast, Northern Ireland:

Mullan Mews is a group of small units accommodating thirty people with cognitive disorders, living in six separate houses integrated in a Belfast residential neighborhood. These houses provide residents with “just like home” living conditions, inviting them to participate in doing housework and running errands in local shops, with the support of staff. The same principle applies to the small garden at the rear of each housing unit.

ISRAA (Istituto per servizi di ricovero e assistenza agli anziani), Treviso, Italy:

This organization manages several homes; within each, garden design is part of a collective reflection process. This covers all aspects of the living conditions provided to residents, thanks to a “Mr Environment”, a staff member who deals specifically with housing issues. In the homes, each housing unit has a garden and sometimes an indoor patio. These spaces are designed to encourage walking, relaxing, gardening and socializing, but also to preserve quiet and intimacy.

Manglerudhjemmet, Oslo, Norway:

Located in a distinctly urban area, this four-story home has only one garden. On the ground floor, it is divided into different areas for walking and relaxing, with benches and tables set up amid trees, shrubs and flowers. Each flower bed is “adopted” by the residents of one unit, who put their names on it and make it their own by caring for the plants. They put away their tools in a shed bought by an association of families, which also buys plants. People can also build a fire, in a hearth built out of large stones brought from the mountains by relatives of residents.

De Blinkert, Haarlem, The Netherlands:

After four years of planning and work, the buildings comprising *De Blinkert* were renovated; at the same time, methods were updated. As part of the process, the “Butterfly garden” was created. Terraces or verandas were also added to upper story units so that all residents could enjoy an outdoor space.

The Lodge, Chorley, United Kingdom:

This home, located near the city of York, is reserved for people with dementia. It is built on two levels and comprises four units accommodating fifteen people each. The triangular building surrounds a garden, which is equipped with benches, garden furniture and strolling areas to encourage walking and resting. It is much in use when the weather allows it and residents can also prepare plantings or repot plants in an adjoining shed. A kennel for the pets of temporary residents is also available and appreciated by all.



1. The origin of garden projects

1.1. The origin of garden projects

It is usually when a facility is built or renovated, or when it acquires an Alzheimer's unit, a day care center or more recently a PASA (Center for adapted activities and care), that an institution raises the question of creating or making over a garden. Essentially this outdoor space falls in line with broader institutional dynamics related to environment and lifestyle. At this time, different options will emerge, such as the wish to open the facility to the outside by making the garden an interface with the local environment, or to create a space where residents can meet their visitors and members of the community, as a way to fight against the negative representations associated with homes for senior citizens.

In certain cases, the garden is perceived as an opportunity to anchor this new landscape in the local geography and culture, by choosing plants native to the area and activities that are equally familiar to garden users. In other cases, when the garden already exists, a team initiative is launched to give it new life after discussion with residents and their families, so that a project emerges in response to various expressed needs. We were in fact struck by how often care staff relied on the opinions and even the suggestions of people with dementia, future beneficiaries of the garden, some of whom appreciate the chance to get involved in its planning. As the director of the *La Salette-Bully*⁵ home explained, "If we don't learn to listen to them, we won't be effective. We didn't think up anything, we listened. It was the residents who had the idea: 'What if we had a garden!' The staff quickly rallied around the idea and decided to create a garden. They (the residents) created it. They too went looking for models, shopping for plants; they dug and planted and raked."



Le Hameau des Aînés, day care center, Bully (69)

⁵ Montoya G, interview on EREMA (*Espace National de Réflexion Ethique sur la Maladie d'Alzheimer site*), Summer University 2011.

1.2. An increasingly important role

Guidelines and recommendations

Outdoor spaces connected to medical/social assistance and care facilities have gradually emerged as essential or mandatory, to the point that a number of guidelines and recommendations, probably inspired by the creativity in this field, emphasize them strongly. Generally speaking, gardens are described as places that improve people's well-being. In this regard, according to a study by the DREES⁶ (directorate of research, studies, evaluation and statistics), the reality of "not being able to go out or be outside as often as they would like" is a factor of discontent expressed by residents.

Thus, the specifications for the PASA (Center for adapted activities and care), and UHR* (reinforced housing units), which the third French Alzheimer Plan (2008-2012) promotes in the EHPAD*, nursing home for dependent elderly people, refer to the necessity of an "external space" (garden, terrace, park). It states that regardless of its location in the building - ground floor or upper floors - the section or unit "must be open to the outside by an extension onto a garden or a terrace", which should, according to the same specifications, be "closed and secure"⁷ and "freely accessible to residents".

Similarly, recent practice guidelines published by the ANESM (national agency for medical and social assessment) pay particular attention to these outdoor spaces and stress their various potentials and the benefits they provide. They are represented as one of the best ways for residents to "participate in civic life"⁸. Opening the facility's garden to outsiders, for example, is suggested as a means of showcasing the establishment and of helping to restore a positive image. Gardening, decorating living spaces, in other words taking part in the material aspects of community life, occasionally or continuously, is presented as offering the person a reason to be there and to feel useful.⁹

In a more recent recommendation¹⁰, a particular point is made about "the incentive for people to enjoy outdoor spaces". The existence of a garden is mentioned as facilitating respect for people's personal lifestyle. In this context, there are references to the benefits provided by the mere possibility of going outside the premises, to "get some fresh air" but also being able to garden at leisure with raised planters or flowers on a balcony. It reads: "For some people, the pleasure of being outside, enjoying the weather, nature, being able to garden, can greatly contribute to their quality of life.... Regular and frequent outings in the open air are part of a healthy lifestyle."

In this regard, the question of the garden's accessibility, meaning the hours it is open or physical ease of access is deemed to be the determining factor. In these same recommendations,¹¹ it is underlined that outdoor spaces facilitate "family visits by encouraging walks, the visits of grandchildren who can play in the company of the residents more easily." It is also stressed that installing space for socializing inside or outside, like gardens, increases the possibility of residents' interacting and therefore helps maintain social life¹².

*UHR (reinforced housing units) are mostly recommended for USLD (long-term care units).

⁶ Prévot J, « La satisfaction des personnes âgées vivant en EHPAD et en maison de retraite en 2007 », *Dossier Solidarité et Santé*, No.18, 2010.

⁷ Specifications pertaining to PASA and UHR facilities in EHPAD and USLD (long-term care) homes and the care of people with Alzheimer's and related conditions who have behavioral issues.

⁸ «Qualité de vie en EHPAD : volet 1 : de l'accueil de la personne à son accompagnement », *Recommandations de bonnes pratiques*, ANESM, December 2010.

⁹ « Concilier vie collective et personnalisation de l'accueil et de l'accompagnement », *Recommandations de bonnes pratiques*, ANESM, September 2009.

¹⁰ « Qualité de vie en EHPAD : volet 2 : organisation du cadre de vie et de la vie quotidienne », *Recommandations de bonnes pratiques*, ANESM, June 2011

¹¹ *Ibid.*

¹² « Qualité de vie en EHPAD : volet 3 : La vie sociale des résidents en EHPAD », *Recommandations de bonnes pratiques*, ANESM, December 2011.

2. VARIOUS TYPES OF GARDENS

2.1. A garden's infinite resources

First we must underline that no two gardens we visited are alike. The uniqueness of each project, despite often similar action plans and principles, is due to the pragmatic nature of the approaches promoted by our interlocutors. The landscaper who designed the garden of the *Jeanne Garnier* day care center¹³ in Paris, based on a real dialogue with staff and users, explains: “The garden should not be stigmatizing and look like a garden made for people with Alzheimer’s. It must also be an enjoyable place for families and caregivers, a setting for interaction and living.”¹⁴



ISRAA, Treviso (Italy)

Moreover, every culture has a different relationship to gardens and a particular concept of such a space. As staff members told us during our visit to Treviso¹⁵, Italy, “Although there isn’t a precise standard, a garden must be structured around an itinerary, a flow of movement, with benches, fountains and planters for flowers.”

As for the care team at the Nancy university hospital, when it was planning to install the “Art, memory and life” garden to increase options for support and care¹⁶, it chose to rely from the very beginning on what the director, a geriatrician, called “cultural invariables.” The goal was to create a living, meaningful space for future users by referring to local collective memory and to what everyone remembered, young and old, caregivers and families. This approach guided the choice of plants, materials and equipment, but also the design of the garden. Thus, the stones used to delineate plots and to make some of the sculptures are the same as those of the building’s façade.



Nancy university hospital (54)

¹³ Project that received a Fondation Médéric Alzheimer award in 2010

¹⁴ Hibon, S., landscape artist, in *Géoscopie pour les décideurs en gérontologie*, No.12, September 2011

¹⁵ Project that received a Fondation Médéric Alzheimer award in 2009

¹⁶ Project supported by the Fondation Médéric Alzheimer in 2009

The garden at *The Lodge* in Chorley (UK), enclosed by the walls of the home, offers a safe place for taking walks; it is embellished with various nooks, tables and comfortable benches for sitting and chatting.



The Lodge, Chorley (UK)

The presence of a traditional telephone booth, with its bright red color, is a decorative element that serves memory; additionally it provides a cultural reference that triggers an echo in the minds of residents. While we could see the value of this decorative element in Chorley when we visited, precautions must be taken to ensure that such installations do not cause confusion.

The wide variety of practices we were able to identify proves the creativity and flexibility shown by so many staff caregivers and managers. They create a dynamic that makes it possible to complete a specific project, and at the same time they know how to “let go” so the garden comes to life and everyone makes it their own. As one caregiver puts it, “We didn’t expect anything, we let ourselves be surprised.” This apparent spontaneity is more a revelation of the art of finding the right balance, between following the plan for a project and being open in order to let life in.

Two principal approaches emerged during the interviews: “supervised” uses, meaning uses within the framework of activities suggested by caregivers, and spontaneous uses, stemming not from the institution but from the wishes of one or more residents. In addition, each site has its own particular atmosphere, which is derived from the diversity of a team’s specific principles for action and its ability to implement its principles so that the garden is a living space and not a stage setting.

Finally, we would like to emphasize that for people with Alzheimer’s or related conditions, who in general are less able than others to leave the home or institution, the garden represents the possibility of being in contact with fresh air and nature, and to satisfy their need for mobility and for the enjoyment of familiar activities in a pleasant setting.

2.2. Garden types

Main categories	What does the garden deliver?
The encounter garden	It facilitates interaction among residents of the home, “inside neighbors” ¹⁷ , and promotes family relationships between all generations. It also helps friends and relatives play their part in relation to the resident in the home.
The passageway garden	It makes it possible to meet the “outside neighbors” ¹⁸ : locals, neighborhood residents, schoolchildren, etc.
The garden “in action”	It introduces a wide range of activities: planting, weeding, watering, harvesting, taking care of animals, taking walks, resting, playing, etc.
The garden of transmission and giving	It gives young people in training the opportunity to practice their skills in making garden furniture, designing or maintaining the landscape. It promotes gift-giving and exchanges between old and young.
The creativity garden	It leaves room for imagination and represents a medium for various kinds of artistic expression and crafts. It makes it possible to “dream” our own garden.
The garden of senses and memory	It invites a sensual and sensorial experience by activating all the senses - hearing, smell, touch, sight, taste - and it stimulates memory.
The remembrance garden	It holds a symbolic imprint of deceased residents and underlines the importance of remembering them.
The freedom garden	The outside space is freely accessible and can be used spontaneously, even “secretly”, as a result of its appropriation by certain residents, to whom it becomes familiar territory.
The showcase garden	It makes the living environment more attractive, it satisfies esthetic criteria, it is a beautiful showcase that enhances the image of the facility, but often it is a meaningless stage setting for residents, who rarely use it.

2.3. The encounter garden

2.3.1. Fostering relationships among care home residents

Living with dementia involves numerous problems for the people concerned and for those who are close to them. For people with dementia, because of the negative representations attached to these pathologies, it means rejection by others leading to shame and withdrawal. People with dementia are then confronted with fear of failure, the dread of not being capable, of being useless.

Within a home, when certain residents have cognitive disorders, “living together” can be problematic. Alzheimer units, designed to preserve everyone’s tranquility, may in the long term lead to exclusion: the unit’s inhabitants have few opportunities to meet the people we call “inside neighbors”¹⁹, i.e. other residents of the home.

It so happens that a garden can facilitate stress-free interactions, thanks to the pleasure of walking freely and enjoying together a pleasant and soothing environment. In this case, the

¹⁷ Villez M, *Accompagner les personnes atteintes de troubles cognitifs en établissement : entre mixité et ségrégation, un équilibre à inventer*, M2 research thesis, Lille 3 university, 2008.

¹⁸ Villez M, *Ibid.*

¹⁹ Villez M, *ibid.*

space contributes to “everyone finding their place” within the home. At the home *La Closerie* in Ballots²⁰, cohabitation is encouraged among all residents, with or without memory problems. Having a garden helps; it offers a pleasant and safe environment for all. The idea of a mini-farm was devised in this context. As a caregiver explained to us, “Living together isn’t a problem in the garden. People don’t have the same reasons for going there. What’s more, the outside is a space that is more easily shared; conflicts subside.”

2.3.2. Inviting families to play their part within the facility

Within the family, the nature of the relationship changes when the roles of “helper” and “helped” are part of everyday life, sometimes weighing heavily on the quality of interaction. In addition, relatives of people with dementia “tend to overprotect them to avoid exposing them to failure and also to protect others, especially young children, by keeping them away for fear of ‘traumatizing’ them.”²¹

We know that behind the person identified as the “primary caregiver” is a family that organizes itself in order to assist a relative with dementia, often for many years. Relationships within the family can be strained and everyone’s role undermined. Fostering an environment that allows relationships to develop or be renewed around something other than simply the helping relationship, which is built around the disease and its consequences, is a major need for the resident and his or her relatives. Numerous care teams are trying to meet this challenge. With tact, discretion and respect for family history, professional caregivers are devising ways to allow people with dementia to remain an integral part of their family’s life and to maintain their role within it. It is well known that children’s visits are a rare occurrence in institutions, for various reasons including the stereotypes associated with aging and disease, and also because the room or communal areas are not attractive places for these young visitors. The goal of professional caregivers is to ensure the family circle is not reduced to only those who are involved directly or indirectly in caregiving, but stays open to all generations - in other words, that the disease does not put an end to the family’s history.

In this regard, having suitable and accessible gardens, with playgrounds for children, picnic areas, fountains and animals, is an excellent way to facilitate visits by families and young children. An enjoyable garden is a draw for visitors, and also gives residents an opportunity to resume playing the role of host or hostess: let me show you “my garden”.

²⁰ Project that received an award from the Fondation Médéric Alzheimer in 2008.

²¹ Guisset-Martinez M-J, with Villez, M. *Regaining Identity. New synergies for a different approach to Alzheimer’s*, Guide Repères, Fondation Médéric Alzheimer, 2010.



Nancy university hospital (54)

Thus, the garden was designed not as a “space for wandering” but as a “space for involvement”. The team initiating the project chose not to put in a play area for children - as there are in other facilities - but to construct a stimulating and fun place for all, with sound sculptures and walls of water that visitors explore as they walk around.



Nancy university hospital (54)

A garden is often attractive enough that relatives and residents will feel an immediate interest and be ready and willing to go there, whether in the context of activities proposed by staff or more spontaneous ones. Gardening workshops or celebrations of special occasions provide care recipients and their families with diverse opportunities to share good times, and help alleviate the apprehension of relatives during visits, even allowing them to feel comfortable enough to bring the toddlers in the family to enjoy the garden too.



When we visited, the geriatrician who initiated the Nancy hospital center’s garden told us, “That boy over there, he often visits his grandmother. He’s enthusiastic about coming now that he knows he can play with the mobile sculpture and make music with it.” Sometimes families venture into the garden only at the end of a long process. On that point, professional caregivers have reported the need to invite and encourage relatives to take advantage of this outdoor space. Suggestion boxes, questionnaires or brochures are used to this end. In Nancy, for example, a brochure entitled “Have you visited the garden of the hospital?” addresses young children. Institutions still suffer deeply from a negative image, and this image is inseparable from the representations associated with the people who live there. One motivation of institutions and services investing in making gardens is therefore to give a positive image of their facility as well as its residents. Taking stock of the institution’s garden policy, the director

of the home *Domaine de la Cadène* in Toulouse²² welcomed the fact that “grandchildren coming to see their grandparents and great-grandparents in a ‘weird’ place (can) leave with pleasant memories.”



Domaine de la Cadène,
Toulouse (31)

We know that some families find it difficult to face one-on-one contact with their relative in the confines of their room, and thus they prefer visits when a collective get-together is scheduled, in a venue shared by all the residents. As one man told us about the visits he made to his mother-in-law, living in a care home, “We mingle; we go see her with other residents, it helps us. It compensates for the difficulty of communicating with her.

Talking to other families, other residents. It’s support because it creates dialogue. We create relationships with others.” This statement emphasizes the importance of helping families to come and visit, and the need to create “support space-time” for this purpose. The gardens prove their value in this respect. “Here we feel good, we support each other,” as one family told us.



Domaine de la Cadène, Toulouse (31)

At the *Domaine de la Cadène*, the garden is divided into communal areas (belonging to all, which everyone can look after) and “private” spaces where raised planters are available on demand to residents and their families. Each family is responsible for its “plot” and chooses what to plant: flowers, shrubs, herbs, etc. A label with the name of the “owners” identifies the planter, but what is striking is how easily people recognize their planter because it corresponds to what they wanted.

Activities and shared time in the garden contribute significantly to the existence and continuation of family life, despite the disease and the impairments affecting one of its members. Receiving one’s relatives, performing an act of hospitality towards them, is a strong signal for the person, who sees himself or herself recognized as being “at home”. This also corresponds to the possibility for an individual to “exercise a right of use over a territory of their own”, another pronounced feature of “home”, according to Perla Serfaty Garzon²³.

²² Project supported by the Fondation Médéric Alzheimer in 2009.

²³ Serfaty Garzon, P. *Chez soi, Les territoires de l’intimité*, Armand Colin, Paris, 2003.

While it is important to open the facility to the outside, to families and the different generations it comprises, attention must be paid at the same time to maintaining the tranquility of other residents - those who do not have family, for example. As a caregiver at *La Cadène* told us during our visit, “You have to be careful. In fact, when you go visit a relative in a care home, you’re going to the place where your relative lives, but it’s also where other people live!” The garden is thus, she continued, “a good solution to the problem, because it protects everybody’s life” by offering a third alternative, which preserves other residents’ sense of home. It contributes to reconciling private life and community life.

2.4. The passageway garden

The importance given to relationship issues can also be noted in another form of garden, which we have chosen to call “passageway garden”, conveying the desire to open the facility towards its “outside neighbors”²⁴, notably people living next door and more generally in the local community. Here the garden is considered a sort of interface turned towards the town or the neighborhood, in order to encourage a local social life, as a source of relationships with the neighborhood, the inhabitants, and people of different generations, notably the youngest.

In care homes, it is the prime example for discussions on the problems of “inside-outside”, because those who live “inside” - the residents - have an access to the outside, to nature, thanks to the garden. Furthermore, it furnishes the opportunity to meet those who live “outside”, i.e. families, visitors, neighbors. In that sense we can talk about a space with multiple resources.

Beyond the pleasure procured by the presence of trees, flowers, water, or by a walk in the sun and a rest on a bench in the shade, the garden is a space that favors the exercise of a wide range of activities and the preservation of social intercourse.

2.4.1. Forging links with the local community

Improving the social representations of Alzheimer’s and related disorders, so that those affected by them are better accepted and can enjoy their full rights as citizens, is a challenge that more and more care practitioners are attempting to tackle. But obviously this effort would be in vain and would quickly fall flat if a bridge had not been built with civil society and if the commitment of the latter did not exist. The integration of care homes and services in the urban fabric, the participation of care recipients in local community life, and the initiatives launched by civil society actors are shown here to be important levers to change the way people with dementia are viewed.

²⁴ Villez, M. Ibid.

2.4.2. Working with the neighborhood school



Espace Jeanne Garnier, Paris (75)

Care facilities can create the conditions that open the institution to the exterior world by inviting “outside” actors to develop a joint project. This was the intent of the *Espace Jeanne Garnier* day care center when it established a partnership with the children of the neighboring primary school to create a vegetable garden, starting with the initial design stage. This kitchen garden will take its place within the existing garden of the day care center, which itself, as we have seen previously, was the result of a long discussion in which the users were included. With the help of a landscape gardener, the simple “outdoor space” was transformed into “their” garden.

Over the course of the preparatory meetings, children and day care participants became better acquainted. The future garden, dreamed and imagined by everyone, was already, long before its completion, a space for exchange and sharing. Rituals were established: cakes and stories were prepared by the people in day care, who in return received the children’s songs and little dances.

The “potted plants” workshop was an opportunity for some people who were usually “withdrawn and anxious” to reconnect by passing on their expertise. Planting a seed can thus become a pretext for play, as was the case for one man, “completely transformed when the children are there”, said the staff.

Moreover, gardening activities have prolonged these effects. “The older people come to do the watering sometimes, and when they see the plants they are reminded of the time they spent with the children.” (At the beginning of each session, the care team leads a recollection of the previous session.) “People remember because it is a very emotional experience.” Workshops, readings related to the garden or nature, social and festive occasions, all are ways to establish such exchanges in the long term.

2.4.3. Serving as a public park

In some cases, the grounds surrounding the facility are open to the city to the point of being used as a “public park”, as illustrated by the practices of the *Grenelle* home in Paris²⁵. This facility, to which the public is admitted to attend various seminars, symposia and conferences held in adjoining buildings, is seeing its grounds become what the home’s psychologist has called a “protected public place” that is “living fully”. Residents, families and caregivers mingle and participate together in the various events.

²⁵ Project that received a Fondation Médéric Alzheimer award in 2004



Saint-Nazaire hospital (44)

At the Saint-Nazaire hospital, the cafeteria is open to the public and located in the extensive grounds overlooking the pond. That explains its attraction to residents, their visitors and anyone wanting to take a break in a pleasant environment. Each year, the Spring Festival, held in the hospital gardens, is an opportunity to attract numerous local inhabitants; as a result some have started coming to walk their dogs there every day.

These examples show how, besides the activities and events organized there, the actual configuration of a garden space (its location, layout plan, etc.) can contribute to linking the inside and the outside. This needs to be part of the project from the beginning, however. Let us again use the example of *La Closeraie* in Ballots, whose garden serves as a handy and much-used shortcut between the heart of the village and the neighboring school. Based on this observation, a path was built to encourage and facilitate the passage of parents and their children. If this does not necessarily give rise to interaction or discussion, mere visual contact, offered by a place of passage open to village life, is helping to ensure that the home is not an enclave cut off from its environment. As one resident said, commenting on her “position” in the dining room overlooking the garden: “I like being here because every day I see children walking by.”

In the same spirit, the staff in one of the day care centers²⁶, in Dijon, deliberately planted fruit trees along the fence in order to encourage local inhabitants - children and adults - to “steal” the fruit that hung over the fence and thereby come into contact with the elderly people. We now see the day care participants and the neighbors getting together to “pilfer” fruit. In one of the mobile day care centers managed by the *Relais Cajou* in Ballan Miré²⁷, although no project has been organized with the school, its proximity injects life, for instance during breaks (sounds of children playing in the schoolyard, balls tossed into the garden); as described by one of the staff, “It sets the tempo of the day, also when the parents arrive in the evening.” Certain providers of children’s day care also use the center’s garden as a place for their little charges to play, which provides an opportunity to establish regular contact with the adult day care participants.



Relais Cajou, Tours-Nord day care center, Tours (37)

The specialized Alzheimer’s unit at the *Hérisson* nursing home²⁸, created in 2008 according to the wishes of all concerned, is a great success. But extra building costs left no choice but to slash a part of the architectural project the residents considered crucial: the patio, with an

²⁶ Project that received a Fondation Médéric Alzheimer award in 2008

²⁷ Project that received a Fondation Médéric Alzheimer award in 2010

²⁸ Project that received a Fondation Médéric Alzheimer award in 2009

ornamental pool and raised planters for flowers and aromatic herbs. The doctor at the home enlisted volunteers, local inhabitants and staff, and every weekend for six months, they went to work on the building site. Materials were donated by local businesses; a retired roofer, a former bricklayer and a horse breeder donated some of their time. The enthusiastic rallying of inhabitants from the village and its surroundings, and the show of solidarity that ensued, reflect the extent to which the home has become an integral part of the local environment.

2.5. The garden “in action”

When the garden opens up a range of many different activities, we talk about a garden “in action”. For example, with gardening, some residents rediscover the pleasure of digging the earth, weeding, planting, picking flowers and fruits. Through these activities, people reconnect with gestures that were thought to be lost, yet reappear in these moments of enjoyment.

2.5.1. Tending, cultivating, gardening



Aux Lucioles, day care center, Reyrieux (01)

Everything a garden comprises - plants, tools, animals, etc., can call on the expertise of residents, thus helping to highlight skills or develop a person’s interests. As the staff at the *Aux Lucioles* day care center in Reyrieux²⁹ put it, when you build on the strengths of participants and do not focus only on difficulties and losses, the garden can spark “the reappearance of motivation for individual and group activities”. It is therefore vital that “everything is designed to stimulate interest and encourage people to explore, to go further.”

Thus, in some facilities, residents are assigned responsibilities or decide by themselves to take them on.

With the help and support of caregivers, when necessary, and in cooperation with the grounds maintenance staff when there is one, they take the responsibility, for example, for taking care of the animals, looking after the flowers, collecting dead leaves or watering the potted plants.

An entire “normal” life is thus resumed. By organizing activities related to nature, by making it possible to take initiatives, the garden helps show the capacities of people with dementia.

At the same time, as the day care staff confirmed, these opportunities to rise to a challenge represent a good chance for the person concerned to build up self-confidence.



Les 7 sources nursing home, Bagnols-sur-Cèze (30)

²⁹ Project that received a Fondation Médéric Alzheimer award in 2008

At the Saint-Nazaire hospital³⁰, in the *Tulipiers* unit where fifteen people with cognitive impairment are living, one of the residents is responsible for maintaining the garden, with the support of staff and the grounds manager. They are attentive to his needs, putting up a garden shed, for instance, to store gardening tools. A kitchen garden with strawberries, lettuce, potatoes and onions was being planted during our visit. The home-grown vegetables are then prepared in the unit.

A similar situation can be found at *Mullan Mews*, where six small units are integrated into a residential area of Belfast (Northern Ireland). Five residents of each house are encouraged, if they so choose, to participate in daily tasks and cultivate the small garden at the rear of their unit. A professional gardener comes to prepare the raised planters before planting time. On sunny days, residents take great pleasure in reaping the fruits of their labor and tasting “their vegetables”.



Mullan Mews - Clanmil Housing, Belfast (Northern Ireland)

In Oslo, Norway, each living unit in the *Manglerudhjemmet* home can “adopt” a plot in the community garden. Interested residents can then take over this plot of land and assume responsibility for its cultivation, aided by caregivers and by the label on each of these plots that names the unit and its residents. Through the pleasure of gardening with others, residents rediscover the ability to take certain actions despite their illness; or they simply have the satisfaction of being there, alongside their family who are doing the actual gardening. As one woman said to her sister, “Now I don’t want to do; I go there but I don’t *do* any more.”



Manglerudhjemmet home,
Oslo (Norway)

³⁰ Project that received a Fondation Médéric Alzheimer award in 2009



*Domaine de la Cadène home,
Toulouse (31)*

When the weather or the residents' state of health does not allow gardening outside, the ability to extend the garden to the inside of the home is a valuable asset, throughout the year. To develop this "indoor gardening", some care teams are using a "mobile garden" trolley for the inside, taking it to the residents and sometimes even to their rooms, or arranging a covered area in a courtyard for planting seedlings.

2.5.2. Caring for animals

Having a garden in a home also means having the opportunity to keep animals, a source of very positive contact, especially for people with cognitive impairment. The rural atmosphere of a garden with rabbits, chickens, cats, dogs, birds, etc. brings in more animation, new sources of discussion, fun and conflict, as well as the possibility for the residents themselves to take care of another living being. From this perspective, the presence of animals in the garden of a nursing home, notably in rural areas, is particularly valuable.



La Closeraie home, Ballots (53)

Sometimes it is the residents and their families, coming from an agricultural milieu and accustomed to raising chickens and rabbits, who bring them into the home and ask for them to be kept in the garden! This is another example of how caregiving staff pays attention to their residents' way of life.



Le Petit Manoir, Munster (68)

It was thus at the instigation of participants in the day care center *Le Petit Manoir* in Munster³¹, all from rural areas and concerned about the disappearance of numerous insects, that "insect hotels" were introduced on the grounds surrounding the facility. This initiative is part of a global action plan for biodiversity; participants became aware of the campaign in one of their daily newspaper reading sessions, led by a staff member.

Tending to a garden and animals has proved very positive and rewarding, especially when people are disoriented. It is also a valuable resource for caregivers who are often at a loss in face of the idleness of certain residents, due to their inability to engage in the "normal" activities that end too quickly in failure or are too removed from their culture. Activities can be organized in small groups, formed on the basis of individual capacity, but mostly according

³¹ Project that received a Fondation Médéric Alzheimer award in 2011

to affinity and mutual interests. In contact with animals, some rediscover lost responses and skills. This was the case, for example, for a man suddenly able to open and close meticulously the hutches of the rabbits he fed every day, when he could not operate the handle of the door to his room in the care home!

2.5.3. Rediscovering the joy of play



De Blinkert facility, Haarlem (Netherlands)

Not only children play in a garden! For example, the game of *boules* has its place during the sunny season. At the *De Blinkert* Residential care home in the Netherlands, you can see the ladies indulging in this hobby. And when young children visit the garden, simply watching them play also provides a lot of joy. The staff organizes afternoons of games in the garden that offer residents a change from their everyday environment, taking them out of their usual activity rooms to go outside and enjoy the greenery, the fresh air, or a sunbeam .

2.5.4. Breathing fresh air, enjoying the view, sipping a drink

A terrace or balcony makes it possible. During the renovation of the *De Blinkert* facility, which consists of units on different floors, it became a priority to provide all residents with easy access to the open air, in addition to the "Butterfly garden" located on the ground floor. In the units, each living room was therefore equipped with a balcony or terrace, with a few chairs for sitting outside. These spaces decorated with flowerpots overlook the neighborhood's houses and gardens.



De Blinkert facility, Haarlem (Netherlands)



*Grenelle nursing home,
Partage Accueil association, Paris (75)*

In the *Grenelle* nursing home in Paris, the creation of a PASA (Center for adapted activities and care) was an opportunity to install a terrace, which thanks to a newly-cut door, offers a space to move around between the activities room, the interior corridors and the outside. Social occasions take place there in the summer (drinks, meals, teatime, etc.) Sometimes the PASA (Center for adapted activities and care) group even takes over the terrace for its activities.

2.6. The garden of transmission and giving

It is in operation when it offers the opportunity to give gifts to one's family, which, in addition to the memories of good times spent together in the garden, represents a key symbolic aspect - that of sharing and giving . Here too, outdoor spaces are precious resources. Many professional caregivers have described the joy people feel when they can give a jar of jam made with fruit from the garden or dried flowers to their children and grandchildren, or when they can exchange plant cuttings with their visitors. It is also a great pleasure for a day care participant to return home in the evening with a bunch of flowers picked from the garden to present to his family.

A volunteer at the Nancy university hospital told this story: "The day of the flower festival, a man who was completely paralyzed asked me to pick his wife's favorite flowers and to give her the bouquet when she arrived. He had not had a chance to do this for a very long time."³²

All these aspects contribute to the continuity of life and relationships. They also represent an original way for a resident's activities in the facility - in a workshop for example - to be shared and shareable with his family members.

2.6.1. Using the skills of young trainees

Some facilities have succeeded in forming partnerships with vocational schools, either for the design or layout of the garden site or for its maintenance. At the day care center *Aux Lucioles*, partnerships with schools preparing young people for occupations related to gardening and green spaces have been established for the upkeep of the garden. In 2008, similarly, the *Relais Cajou* day care centers were able to install wrought iron raised planters, some of which are suitable for use by people in wheelchairs, thanks to the work done by metallurgy students. The garden of the *Les Pins* living unit at the Saint-Nazaire hospital, home to twelve people with cognitive impairment, was designed and built by students from the fine arts, green spaces and floriculture departments of the Guérande technical college. The students devised a partition made from plants to create a naturally enclosed space and customized chairs in the colors of the shrubs and flower beds in each plot. As for the *L'Épinette* home in Somloire³³, it initiated a joint project with students from the "nature" department of the nearby vocational school, in which they undertook the building of a chicken coop with the help of residents and day care participants. The students rallied to the project, although it took a period of adjustment, a process of getting to know each other and overcoming fears, for it to be accomplished in an atmosphere of mutual trust.

Usually, the caregivers and teachers prepare the students and the participants from the facility by organizing meetings, either in the schools or the geriatric institutions. The preparation makes it possible for the students to take over the site and implement the project. Once bonds are created, they can lead to other projects: for example, the metallurgy students at the vocational school working with the *Relais Cajou* brought daycare participants to the school to tour their workshops on the premises. Another time, it was a joint visit to the famous Chaumont gardens that brought them together. These initiatives allow and encourage exchange between the young people, full of promise and potential, and their elders, rich with the knowledge of a lifetime - much of it preserved despite Alzheimer's, as long as the conditions for its expression are met.

2.7. The garden of creativity

³² *Jardin « Art, mémoire et vie »*, brochure published by the Nancy university hospital

³³ Project that received a Fondation Médéric Alzheimer award in 2011

The "garden of creativity" offers a medium for self-expression in all its forms. With its rich sensory universe, it is the ideal place to undertake the most diverse artistic and manual activities. Here too, the garden promotes the development and transmission of knowledge, expertise and skills.

2.7.1. Dreaming and designing the garden

Making a garden invites creativity when the site's beneficiaries are given the opportunity to "dream" it. In this case, the caregivers must create conditions that are conducive to the expression of wishes by the people with dementia, regarding the garden's layout or future plantings. Let us cite as illustration the exemplary adventure lived by staff and daycare participants at the home *Les 7 Sources*³⁴. The subject of gardening came up spontaneously in many discussions and activities, until eventually it produced the ambitious project of designing collectively the green space adjacent to the day care center, which is accessible to all the facility's residents. Small working groups were formed. Some wanted to design a virtual garden using architectural software; some plunged, with the assistance of staff, into internet research on plants and renowned gardens, while others studied books on the subject. The work was done and the various projects were compared and contrasted in order to reach consensus. Participants discussed the symbolic power of a garden. One said: "The garden is an idea of non-confinement. We are less bored. We can do something or do nothing. It is a place of movement and movement is life." Another addressed the caregivers: "The garden is a place where we can see but also a place where you can see us. We exist. Inside you hide us, you don't see us anymore. Outside, we are once again part of life."

When it came time to find funding to implement all the great ideas coming out of the daycare participants' discussions and work, one 53-year-old man, who has since died due to the rapid advance of his illness, took the matter in hand. With help from staff, he wrote up a proposal in response to the Fondation Médéric Alzheimer's call for candidates for its 2011 local initiatives awards. He presented a garden project that included a *7 Sources* fountain, a space highlighting the five senses, and a vegetable garden with a plot for medicinal plants; it underlined the need to make paths suitable for visitors in wheelchairs and to have planters of varying heights.



Espace Jeanne Garnier, Paris (75)

The care team at the *Espace Jeanne Garnier* day care center also proceeded in this manner. Workshops for the creation of the garden were used as a means for self-expression, by giving participants a genuine decision-making role. Throughout "an entire process", everyone was able to say what they wanted, what garden they envisioned. "Some saw greenery, others fruit trees."

³⁴ Project that received a Fondation Médéric Alzheimer award in 2011

Drawing on memory workshops, reading and sketching, one person was able to evoke “herbs and fragrances that the idea of a garden reminded him of.” Others contributed ideas on shapes, atmosphere and colors. “They really guided us and took great pleasure in participating.” Commenting on this collective approach, a staff member explained, “We noted that almost everyone had the memory of a tree and could say what kind it was (an oak, etc.) So now we know why it makes sense to put trees in the garden.”



Plan of the future garden

2.7.2. Nature as inspiration

Throughout the year, the garden remains a source of inspiration for crafts or even art projects. Creating floral compositions in the summer, or dried flower bouquets, collages and herbariums, all are possibilities sparking people’s interest in the various workshops or after a walk. Nature, vegetation and birds are also sources of inspiration called on in painting and drawing classes. Sometimes art workshops using drawing and painting are organized by teachers from the outside or the facility’s staff.

2.7.3. Enlisting experts

Every day the garden comes alive, thanks to the staff members who encourage people to visit it and accompany those who need it. Caregivers play a major role in inciting residents to take up gardening again, and to invite their visitors to use this space. On an ad hoc basis and in the design phase, however, we could see the benefit of input from landscapers, who by listening to the future users of the site (people with cognitive disorders and staff) were able to help create a garden that met their expectations. Another extremely valuable contribution comes from artists who create works to be placed in the garden. In large institutions, it often happens that the grounds staff or building maintenance workers provide essential assistance in the installation or upkeep of the garden.

2.8. The garden of senses and memory

When caregivers define their expectations and the goals they assign to a garden project, they highlight the sensory potential of this milieu. The “garden of senses” offers its colors, light, scents and textures. Birdsong or the tinkling sounds of a fountain enrich the palette of sensations that serve to embellish the living environment and to elicit people’s capacities. In addition, the garden, changing with the seasons, facilitates the creation of temporal and spatial cues. The garden’s irreducibly dynamic and changing character immediately places it in temporality, seasonal or daily. The garden’s changes make it possible to mark the passage of time (falling leaves in autumn, winter snow, the first buds, blossoms, ripening of fruits and vegetables, etc.) The first rays of sun caressing one’s face, or a beautiful tree sought out for its shade on a hot summer day, also give life its rhythm.

Any garden offers a sensory experience that engages and stimulates all of the senses - hearing, smell, touch, sight and taste - and often has an additional memory-awakening function. This is especially beneficial for people with cognitive impairment whose emotional

memory is the longest-preserved superior function. For people with Alzheimer's, this memory thus becomes a special key for relating to the world, and for others to communicate with them. Gradually, "the body and sensory experience are at the forefront of care."³⁵

This is why, in the context of Alzheimer's, and all the more when speech is gone or weakened, the garden and the meaningful activities it allows represent a good way to maintain a relationship with the person, to approach them and to allow them to remain in contact with the outside world, expressing their emotions. The senses are galvanized in the "Butterfly garden" at the *De Blinkert* home, where most of the selected plantations are known to attract butterflies and moths. One can easily imagine the enjoyment of residents as they follow the flight of the colorful insects. Through the garden runs a canal, spanned by a bridge over which strollers cross, and a pond was dug so that water, everywhere present in the Netherlands, is visible in this outdoor space.



"Butterfly garden", *De Blinkert* facility, Haarlem (Netherlands)

A garden represents a "natural" stimulant to motor skills, giving a "utility to the need to move around (as in so-called 'wandering') by adding an enjoyable and meaningful dimension", says the care team at the day care center *Aux Lucioles*. Visual stimulation is provided, for example, by playing on the contrasts between tranquil and dynamic areas, all within a pleasant, diversified world of sounds and aromas.



Saint-Nazaire hospital (44)

Refreshing water is one example, with its sound that induces relaxation, or the appetite-stimulating fragrances released by herbs, etc. One of the highlights of the grounds around the Saint-Nazaire hospital is a pond that attracts ducks, among other species of waterfowl. Signposted trails have been laid out; the signs were made by residents of dementia units in their painting on wood workshops (pond trail, robin and swallow trails, etc.)

³⁵ Roos C, quoted in Guisset-Martinez M-J, *Guide Repères, Accompagner les personnes atteintes de maladie d'Alzheimer et de troubles apparentés*, Fondation Médéric Alzheimer, 2004.

At the *Les Eglantines* home in Frossay³⁶, special support is available to a small group of people with dementia; the residents constituting the “Four Seasons Group” spend much of their time gardening, especially planting and tending aromatic plants used in the kitchen³⁷. Some have made labels indicating the names of various plants.



Les Eglantines home, Frossay (44)

2.9. The remembrance garden

Among the practices identified in the course of this review, the “remembrance garden” caught our interest by its originality. It is a place of memory, between mourning loss and recalling good times spent together, which emphasizes the importance attached to the memory of deceased residents. It consists of a specific space that will hold the symbolic imprint of the dead.

While end of life care is a stage that is increasingly well-planned and integrated into the continuity of treatment, death is still largely taboo, although the care does not end when it occurs. How to help professional caregivers cope with the death of a person to whom they are attached? How to tell the other residents? How can we continue to support the family, so that they can keep a place within the facility if they so choose? These questions, in the words of anthropologist Louis-Vincent Thomas, deal with “rites of the dead” invented for the “peace of the living”³⁸.

Here too, a part of the garden can serve a particular purpose. This is the case for example in the *De Wingerd* home in Leuven, Belgium. In one of the lobbies of this facility, a small table is used to inform people a death has recently occurred in the home, with a display of candles, a small stone bearing the name of the deceased and a framed notice recalling the person’s full name and date of birth. After a few days, the stone is added to the “memory plot”, which is outside but aligned with the table.



De Wingerd, Leuven (Belgium)

³⁶ Project that received a Fondation Médéric Alzheimer award in 2007

³⁷ *Les ressources du jardin*, brochure published by *Les Eglantines* home

³⁸ Thomas L-V, *Rites de morts. Pour la paix des vivants*, Fayard, Paris, 1996

Besides what is conceived as a “commemorative monument”, inspiring solemnity and reverence, the raised planters belonging to families, set up in the garden of the previously-mentioned *Domaine de la Cadène* home, can be another way to keep alive a deceased person’s memory and preserve the link with friends and family. They can continue to maintain the plot and spend time with the residents and families with whom they forged links when their loved one was alive.

2.10. The freedom garden

Beyond the life of the garden as orchestrated by staff members, gardens and the various areas within them are conducive to more informal occupation by users, sometimes far more than caregivers may suspect. Given this fact, such spaces, in addition to providing points of reference for people with dementia, can actually become the “hideaways”, in the sense of intimate refuge, described by Bernadette Puijalon³⁹.



Nancy university hospital (54)

Then they become an effective vehicle for introducing “familiar existence”⁴⁰ within an institution. The “freedom garden” is freely accessible; residents go there whenever they want, even at night, thanks to the installation of appropriate lighting. In this vein, some facilities have chosen to keep the garden open twenty-four hours a day. This is precisely the case at the Nancy university hospital, where, even if the doors to the garden are closed in the evening, staff will open them for people who want to go out, making sure they are dressed warmly enough before they exit. The facility’s configuration makes it particularly convenient - a central building with two lateral wings, built in the late 19th century, which surrounds a garden closed off from the street by a large portal.

Free access to the garden in the evening made it necessary to think about lighting. How to light the garden without casting shadows that can provoke anxiety? How to create a strong enough light to guide and direct evening strollers while conserving the darkness of night? How to light without glare? When faced with these questions, we must find the right balance to contain the emotions the night arouses in certain people, and to provide reference points and reassurance to all. In the “Art, memory and life” garden in Nancy, the choice was made to illuminate facades and not the garden, which makes the latter more visible and facilitates orientation.

In the *Santa Bona* home in Treviso, Italy, shared gardens were installed for groups of four rooms. Determined not to limit the freedom of movement of residents, staff also chose to make these spaces accessible at all times. The lighting was designed with this in mind.

A garden provides access to an “outside”, to a piece of nature, even in the city. This is for example the case in the *Manglerudhjemmet* home in Norway, located in a highly urbanized area. With the help of caregivers, residents of the Alzheimer unit are involved, if they wish, in the upkeep of the garden and flower beds; they store their tools in a garden shed, funded by an association of families, which also buys plants. This facility offers residents the opportunity to cut and saw wood, notably to burn in a fireplace built with big stones brought from the mountains by family members. For “us”, these tools and activities are unexpected, even

³⁹ Veysset-Puijalon B, Deremble J-P, (coll.), *Viellissement et dépendance*, collection Logiques Sociales, L’Harmattan, Paris, 1989

⁴⁰ Héritier F, Préface, in Guisset-Martinez M-J, in collaboration with Marion Villez, 2010, *Op.Cit.*

unthinkable, because considered too dangerous for “our” residents. But they represent cultural and social inclinations internalized by any Norwegian. When, during our visit, we shared with the occupational therapist our amazement at the taken-for-granted presence of garden implements like the ax and saw, she pointed out to us: “The most dangerous things in the garden are the big thorns on the rose bushes!”⁴¹



Manglerudhjemmet home, Oslo (Norway)

The creation (or makeover) of a garden also promotes spontaneous and autonomous practices. This raises the question of the decreased mobility of some residents, for whom “when you want” is not an option because of their need for assistance to access this outdoor space. In one of the units in Treviso, where many residents use wheelchairs or are even bedridden, spaces have been designed so that they can go out, accompanied by a caregiver or visitor. Low walls protect privacy.

The question of free access to the garden for people with Alzheimer’s is not self-evident. Many facilities limit residents’ freedom to circulate within the building itself and to go out into the garden. Yet we know all the benefits entailed for any human being who can breathe fresh air or simply enjoy the feeling of being outdoors.

This issue is not specific to France, as evidenced by a book describing the practices related to outdoor areas in different countries. In their conclusion the authors remonstrate: “In some ways, it is extraordinary and rather depressing that we need to make the case for people with dementia going outside since they have the same needs and inclinations as the rest of us—they are us!”⁴²

In the course of our study, our interlocutors reported the inevitable questions that tended to arise with the idea of opening up the premises to allow permanent access to the garden. How can staff assess how much freedom of movement should be granted to residents and the risks it can generate? When risks are collectively measured and accepted, caregivers face these issues with common sense, professionalism and creativity.

The caregivers in Treviso told us that the garden could be used to help calm down “agitated” people. The latter could do whatever they wanted there (pick flowers, speak loudly, urinate ...) or be taken by a staff member for a short diverting walk. One of the gardens boasts a punching bag, which was installed for a particular resident. When the former boxer feels tense or angry, hitting the punching bag is a good way to calm down. In some instances, during meals, a caregiver can take someone outside to have lunch when the person finds the dining

⁴¹ Example cited in Guisset-Martinez M-J, in collaboration with Villez M, 2010, *Op.cit.*

⁴² Pollock A & Marshall M, *Designing outdoor spaces for people with dementia*, University of Stirling - Hammond Care, Stirling, 2012

room environment stressful; or they can go for a short relaxing walk together, to soothe the person and prevent them from disturbing others.

These spontaneous uses arise from a deliberate decision taken by care teams, who must anticipate and facilitate them by creating the conditions for them to occur. A caregiver from the Nancy hospital told us the following: “When the weather is fine, we see patients strolling, sitting in the shade of the trees to chat, families sharing a meal or snack, the grandchildren having fun and laughing in the garden - images so evocative of home activities, conducive to improving the patients’ quality of life but also staff working conditions.”

2.10.1. Strolling as you please

Among the objectives identified, some appear more specific, such as providing the pleasure of walking to promote mobility and then being able to sit and rest or dream on a bench. In effect, the garden gives users the opportunity to leave the facility in which they live; they can get some exercise, breathe fresh air, alone or accompanied, or sit on a bench. While promoting visits from the “outside” by relatives or the home’s neighbors, these amenities contribute primarily to improving residents’ quality of life. By having access to a garden or a park, people can commune with nature and enjoy the simple pleasures of such an environment.

As Pierre Sansot said about public parks⁴³, the garden can be a place for a stroll, “to which one goes for no particular reason, but also for something else.” This “something else” can be a chance encounter or a planned meeting, or instead a moment to be alone. One woman, for example, enjoyed the garden by herself as well as during visits from her son and her friends. She took her meals there, had picnics with her son in the shade under the trees. As she told the psychologist at the Nancy university hospital where she was a patient, these outdoor interludes allowed her to recreate a familial intimacy with her son, because the trees protected them, both from the sun and from the eyes of others.

2.10.2. Finding refuge in a garden

People can sometimes take ownership of the garden in a very personal way, far from the preconceived purposes imagined by professionals. This use that deviates from norms and habits may come as a surprise, but it also highlights the freedom such a space brings. Take the case of the resident who used to do her laundry in the sink of her room and then take it outside, at first without the staff’s knowledge, to dry on a clothesline strung up in a corner of the garden. Another woman began burying leftovers from her meals in the garden, to “feed the trees”. In some instances, it is the layout of the garden itself that offers islands of privacy, with various nooks hidden behind a wall, a tree, bushes, shaded areas - an assortment of spaces hidden from the view of staff and other residents. People can thus find themselves removed from collective life, and take pleasure in being there, thanks to this “for oneself” space-time.

As one staff member recounted: Mrs. A. was a former florist. “We naturally turned to her to help us in the gardening workshop, organized with other residents and families. Yet she flatly refused our invitation, frightened because too many people were present. The next morning, discreetly, she came out of her room and caregivers were pleasantly surprised to see her watering and tending to all the flowers repotted the day before.”

⁴³ Sansot P, *Jardins publics*, petite bibliothèque Payot, Paris, 2003

2.11. The showcase garden

A certain category of garden is not represented in our sample, although we often find ourselves visiting what we call an “alibi garden” or “showcase garden”. That is why we have chosen to



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mention it, in order to alert future project leaders. True, a garden that represents an esthetic accomplishment enhances the image of the institution by adding a fine showcase to its environment. Such a space can also be a positive and reassuring argument for families, during the negotiations with their loved ones concerning their moving into the home. Perhaps this is sufficient reason for creating a garden?

The gardens we presented in this report are primarily designed to improve the quality of life and enhance the wellbeing of the people who will use them. This is a multidimensional goal, referring both to the design and functionality of the space and to the meaning it will take on, day by day, through the care practices. We note that some practitioners we have worked with on these issues associate gardens with a certain concept of beauty. Design, however, though never totally absent, does not represent the primary purpose for caregivers. The point, in any case, is to avoid falling either into a standardized and normative vision of beauty or into “appearances”. Thus, regarding the “Art, memory, and life” garden in Nancy, a professional told us: “It’s beautiful but it’s not there to look good...While being a continuation of what we do, the garden is a world apart; it’s another world creating a feeling of happiness.”

While a concern for esthetics can contribute to achieving this goal, notably through the pleasure of enjoying a beautiful place, this aim cannot be pursued at the expense of the benefits associated with the garden’s ownership by users; the garden then risks becoming a mere “decoration”, devoid of meaning. In this case, design takes precedence over practice and the “alibi or showcase garden” prevails, with its artificial appearance of a stiff and lifeless stage set, to the detriment of its role as a tool to support⁴⁴ interaction and to awaken the senses, for the gratification of all. ■



3. CONDITIONS FOR SUCCESS - GUIDELINES FOR PRACTICES

⁴⁴ Eynard C, Villez A, Villez M, *op. cit.*

The existence of a garden in facilities that house people with Alzheimer's paves the way for many uses conducive to enhancing their quality of life. From our observations, the idea emerges that such a space, if well designed, is part of the humanization⁴⁵ of residential and care facilities (in the sense of highlighting human relationships) by accenting bonds, sociability, and places where it is pleasant to walk, meet others, or simply sit on a bench and enjoy the beautiful surroundings. The creation of a garden, or its makeover, also has an impact on the working environment of professional caregivers.

The layout of this space in effect gives an institution and its staff the opportunity to reflect broadly on practices and renew them creatively. For instance, a psychologist suggests to a resident to hold their scheduled appointment not in his office but in the garden, where the person feels at ease.

Including a garden in the operation of an institution invites staff to demonstrate attentive listening to the desires and demands of residents and their families, in a realm that seems far from that of care. It is another opportunity to open up to life, to simple pleasures and actions, to the world of nature.

However, a "successful garden", giving rise to initiatives such as those we have described, is the result of several factors. Among the most critical, we emphasize the need to achieve the widest possible consensus, first at the design stage of the project, then for its implementation. The financial aspect is not negligible: to the price of embellishing green spaces must be added the cost of various amenities that make the garden accessible and facilitate movement for people with disabilities. Buying handsome and durable garden furniture or playground equipment for children quickly increases the total bill. Maintenance costs must also be taken into account: possible solutions include calling on staff from the facility, a service provider, municipal services, volunteers or families. It can happen that after the long and expensive construction or renovation of a building, the installation of the garden, which comes at the end, is no longer feasible because the initial budget was exceeded. The creation of the garden is postponed or even scrapped.

In urban centers, obstacles to creating these new spaces may include the price of buying land or property taxes, as well as technical constraints and zoning regulations. This is when terraces or balconies become vital resources and their installation should not be neglected.

The way in which professionals from different disciplines begin to work together, to ensure the success of the garden project and to support it in the long term, is one important element we noted during our study. For example, the grounds manager, cooperating with the facility's activities organizer, chief geriatrician and physical therapist, puts his expertise and his team to work to further their initiatives, so that more residents and families can benefit from the institution's garden. Proof is in the installation of benches to permit people to rest during walks, or the planting of shrubs and hedges around a unit's garden to better enclose the space. Elsewhere, a hospital director, arriving after work has begun on the creation of a garden, succeeds in finding ways around rigid health regulations to promote the development of the project without limiting its scope. As he explained, "From a department project, the garden became an institutional project. This is a good example of collaboration between caregivers and non-caregivers." All these aspects and the situations we have presented show that limiting the planning of a garden to mere design disregards what can be added by listening to the people concerned (residents and staff), whose useful input and know-how contribute to a better project. Nonetheless, despite all these fine achievements and the positive developments they generate, it is clear that progress still needs to be made in France and other countries.

⁴⁵ Relevant to this issue, we note the 1975 French law eliminating "hospices" and aiming to "humanize" such facilities. "Hospices" are a past form of care homes with collective dormitories.

3.1. From recommendations to practices

In 2010, the French government's *Direction générale de la cohésion sociale* (General Directorate of social cohesion) and the French Society of Geriatrics and Gerontology (SFGG) launched a program called "mobilization for the quality of care" or MOBIQUAL, which includes a toolkit for quality care. One of the program's recommendations urges "taking residents outside for at least half an hour a week". One may be astonished, as others⁴⁶ have been, by the thoughtlessness of this recommendation, and compare it to the right of prison inmates to an hour of exercise per day. Others abroad, such as Mary Marshall⁴⁷, have also complained that numerous people with Alzheimer's are "in effect imprisoned in institutions."

Along the same lines, a study about gardens in Norway and Sweden⁴⁸ in 2008 stresses the importance for elderly people, particularly those with cognitive impairment, to have access to an "outside" and to enjoy fresh air and outdoor activities. The authors note that in Norway, as in other countries, the legislation in force requires kindergartens, nurseries, schools and prisons to have a garden so users can go outside every day, yet curiously this does not apply to institutions housing the elderly!

Indeed, some facilities have no outdoor space. Other institutions may have grounds, but residents are not always able to go there alone. They do not have the capacity, or they are "locked in", or professional caregivers are under strong pressure and prevented from accompanying people outside. This state of affairs shows how the physical environment, the architecture and the design, as useful and innovative as they may be, "Good design makes things possible but it does not make things happen."⁴⁹

⁴⁶ Pelissier J, « Vaut-il mieux vivre en prison qu'en EHPAD ? », August 2010, www.jerpel.fr

⁴⁷ Marshall M, Introduction to *Guide Repères* 2010

⁴⁸ Drivdal Berentsen V, Grefsrød E-E & Eek A, *Gardens for people with Dementia. Design and use*. Ageing and Health Norwegian Centre for Research, Education, and Service Development, Tonsberg, Norway, 2009. Available at www.nordemens.no/?pageID=138

⁴⁹ Marshall M, « Designing balconies, roof terraces and roof gardens for people with dementia », *Dementia Design series*, DSDC, Stirling University, 2010

CONCLUSION

Our study, which is qualitative, is based on the observation and analysis of the operation of twenty-one gardens within residential facilities, hospitals or day care centers. This represents a significant sample, yet it cannot claim to be a complete representation of the forms of gardens that exist in facilities for people with Alzheimer's, nor a description of all the practices that take place there.

Nevertheless, we hope to have succeeded in highlighting the multiple resources of a garden designed to offer a wide range of possibilities. This means gardening activities that leave room for creativity, or those that incite people to interact with others. Interface between the “outside” and “inside” of an institution, the garden provides many opportunities for both visitors and staff to see residents in a different context, instead of in their room or unit. A pleasant atmosphere is created to promote social life, distinct from other spaces in the home whose “medical” or institutional dimension can be experienced as stigmatizing or restrictive. “The garden is popular with everyone; it’s a place that takes you out of the traditional hospital setting and away from the disease,” explained a caregiver.

Among the different categories that we have presented, the “passageway garden” holds a special place. Open to the local environment, it contributes in an empirical and natural way to changing perceptions concerning people with Alzheimer's. Intergenerational relationships are facilitated in this place where life in all its forms is welcome - humans, animals and nature. The garden brings “movement to that which risks being frozen” because it is “a reminder of a less civilized existence,” writes Pierre Sansot⁵⁰. We have presented a garden's many possibilities in terms of stimulating the senses (smells, colors and sounds) and mobilizing capacities through a wide range of initiatives. Then came the various ways a garden can promote the combination of different “memories” - personal, sensory, temporal and social. This work of analysis and comparison allowed us to accentuate the positive aspects of having a garden. Even so, we measured how successful projects are the result of directors and their teams who mobilize and persevere in order to overcome obstacles and skepticism. We have seen how, when designing a garden, caregivers have been inspired to raise issues and to find solutions that seem suitable, feasible and consistent with the institution's goals and the values it promotes. However, as we pointed out about the “alibi garden” or “showcase garden”, the garden project may also be limited to the creation of a decorative setting, without congruence with an institutional plan for care and support. In the same vein, allowing people with dementia to express their opinion, and taking their wishes into account in the development of a garden, is a process that we have seen in some facilities, but it remains marginal. Similarly, the opening made possible by a garden operates at several levels: from the building towards the outside, or from the facility towards the neighborhood. In some cases, free access to the outside poses problems for caregivers who need to consider how to avoid situations of confinement while ensuring a secure environment.

This is the case, for example, with access to the garden at night, unaccompanied walks, or spontaneous use of the outdoor space by residents, who take ownership of it as they please. We were able to see how a garden visited regularly by locals, the children of the neighboring school and their parents truly becomes a public park. In this way, people in the community and those receiving care in a health sector facility are able to meet, breaking down barriers and

⁵⁰ Sansot P, *op.cit.*

helping residents or day care participants to be normal citizens. Similarly, the presence of volunteers to tend the garden represents a significant contribution from the outside to the life of the institution and its residents. This space, with all the resources⁵¹ it offers, participates fully, as Françoise Héritier⁵² has said, in an effort to anchor “the ordinary aspects and even the disorder of familiar existence, while the institution and normative patterns seek to impose the same order for all.”

Many designers and professional caregivers are currently taking an interest in the issue of gardens in homes and day care centers, which is to be welcomed. We hope to have opened avenues to explore the potential of these outdoor spaces, and the ways to implement them to ensure the best use for those concerned. There is room for more in-depth work on the questions we addressed in this report by examining other initiatives in the city or in rural areas. Other topics merit investigation, such as terraces and balconies, fences and other boundaries around gardens, and fountains and ponds.

Remaining in the world of plants, we conclude with the metaphor of the “palaver tree”, an initiative described by the director of a care home⁵³: “We have a palaver tree, a magnolia as old as our association. It grows on a mound of earth on top of which we built an accessible terrace, and we have a sun umbrella, permanently unfurled. The “elders”, whoever they are, are our sages. The terrace is raised approximately 50 cm. Usually when you are sitting or in a wheelchair, you have to raise your eyes quite high to talk to people, while they look down on you. This terrace is a machine to put people back on their feet; in a chair, your eyes are then at the level of those of a man standing up.” ■



*Les Églantines home and its “palaver tree”
Frossay (44)*

⁵¹ *Les ressources du jardin*, brochure published by *Les Églantines*, Frossay

⁵² Introduction, Guisset-Martinez M-J, Villez M, (collab.), 2010, *op.cit.*

⁵³ Humeau A, director of Les Églantines, quoted in Guisset-Martinez M-J, Villez M, (collab.), *Ibid.*

APPENDICES

List of projects presented

NAME OF PROJECT	ORGANIZATION	ADDRESS
« Ärt for another perspective »	Managing association, Lucioles day care center	Aux Reyrieux (01) auxlucioles@orange.fr
Community volunteers lend a helping hand	Nursing home	Hérisson (03) ehpad-herisson@wanadoo.fr
Stealing fruit	Robert Schuman - FEDOSAD day care center	Dijon (21) fedosad@wanadoo.fr
Garden designed for and by day care participants	Les 7 Sources nursing home	Bagnols-sur-Cèze (30) aj.7sources@ch-bagnolssurceze.fr
Family gardening	Domaine de la Cadène - Association Notre Dame de Joie	Toulouse (31) domainedelacadene@orange.fr
The garden and its neighboring community	Les Relais Cajou day care - Mutualité française Indre Touraine	Ballan Miré (37) emmabarre12@gmail.com
The palaver tree	Les Églantines home	Frossay (44) mrfrossay@epsilog.fr
A park to sustain life around the residents	St Nazaire hospital gerontology center	Saint-Nazaire (44) s.hily@ch-saintnazaire.fr
A chicken coop built by high school students	Day care center - L'Épinette home	Somloire (49) directionepinette@wanadoo.fr
Garden and animal care	La Closeraie home	Ballots (53) secretariat.mr.ballots@orange.fr
« Art, Memory and Life » garden	Centre Paul-Spillmann - Nancy university hospital	Nancy (54) t.jonveaux@chu-nancy.fr
Using nature to boost memory and wellbeing	Le Petit Manoir day care - Association Bienvenue Le foyer du Parc	Munster (68) le.foyer.du.parc@wanadoo.fr
« The extraordinary garden »	Le Hameau des Aînés day care - La Salette-Bully care home	Bully (69) contacts@salette-bully.fr
Creating a kitchen garden	Espace Jeanne Garnier day care - Association Dames du Calvaire	Paris (75) espacejeannegarnier@adc.asso.fr
A garden open to the public	Grenelle nursing home - Association Partage Accueil	Paris (75) grenelle@partage-accueil.org
The memory plot	De Wingerd	Louvain, Belgium wingerd@wingerd.info
Growing vegetables «just like home»	Mullan Mews - Clanmil Housing	Belfast, Northern Ireland Colette.Moore@clanmil.org.uk
Free access to the garden	Instituto Ricovero assistenza Servizi di anziani (ISRAA)	Treviso, Italy pavan@israa.tv
Chopping wood in the garden	Manglerudhjemmet	Oslo, Norway postmottak.manglerudhjemmet@sy.e.oslo.kommune.no
« Butterfly garden » and terraces	Woonzorgcentrum De Blinkert	Haarlem, The Netherlands receptie.blinkert@shdh.nl
Garden and cultural references	The Lodge	Botany Brow, Chorley PR6 0JW UK



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The authors give special thanks to the care teams of the institutions and facilities mentioned in the report, as well as to the care recipients and their families. Thanks to them, they were able to expand their reflection and illustrate their remarks with the photos contained in the report.

They also thank Alain Bérard, Michèle Frémontier and Paul-Ariel Kenigsberg for their review and their advice on methodology, as well as Marie-Josée Lafaurie for her contribution to the layout of the document.

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